Ankle-Foot/Knee-Ankle-Foot Orthoses

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

All custom ankle-foot orthoses (AFO), any AFO costing more than $500.00, or any AFO with specific coverage criteria require precertification.

Items in this policy that require PDAC verification must be coded A9270, if not listed in the registry.

National Coverage Determination Policy	None
Local Coverage Determination Policy	J-B/C
Effective Date	For services on or after 08/01/2010
Review/Revision Date	01/2019, 10/2018, 05/2018, 04/03/2017, 02/13/2017, 04/01/2015, 05/01/2014, 2013, 2012
The Health Plan	**Medicare,Commercial Plans, and Employer Funded Plans** will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents. **West Virginia Medicaid**. See The Health Plan DME POS Authorization and Compensation Guide as quantity limits may vary.

DESCRIPTION

An orthopedic appliance/orthoses is a rigid or semi-rigid external device, such as a brace or splint, used to support a weak or deformed body part, or restrict or eliminate movement in a diseased or injured part of the body. An orthoses may be either prefabricated, custom fabricated, or molded to the patient.

COVERAGE GUIDELINES

AFO(Ankle Fooot Orthotic) Not Used During Ambulation

The Health Plan will cover a static or dynamic AFO, prefabricated, off-the-shelf prefabricated (L4397), but otherwise customized (L4396), if criteria 1 – 4 or criterion 5 is met:

1. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10° (i.e., a non fixed contracture); and,
2. There is a reasonable expectation of the ability to correct the contracture; and,
3. The contracture is interfering or expected to interfere significantly with the member's functional abilities; and,
4. The device will be used as a part of a therapy program, including active stretching of the involved muscles and/or tendons.
5. The member has plantar fasciitis

If a static or dynamic AFO is used for the treatment of a plantar flexion contracture, the pretreatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff (in a nursing facility) or caregiver (at home).

If code L4396 is covered, a replacement interface (L4392) is covered, as long as the member continues to meet indications and other coverage rules for the splint. Coverage of a replacement interface is limited to a maximum of one per six months.

Refer to noncoverage guidelines below for the concerns with L4396 and L4397.

AFO and KAFO Used During Ambulation

AFO described by codes L1900, L1902 - L1990, L2106 - L2116, L4350, L4360, L4361, L4386, L4387, and L4631 are covered for ambulatory members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally.

Knee-ankle-foot orthoses (KAFO) described by codes L2000 - L2038, L2126 - L2136, and L4370 are covered for ambulatory members for whom an AFO is covered and for whom additional knee stability is required.

Custom fabricated AFO and KAFO are covered for ambulatory members when the basic coverage criteria listed above and one of the following criteria are met:

1. A prefabricated AFO is contraindicated due to size limitation; or ,
2. The condition is expected to be permanent or continue longer than six months; or ,
3. There is a need to control the knee, ankle, or foot in more than one plane; or,
4. The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or
5. The member has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.

"L" coded additions to AFO and KAFO (L2180 - L2550, L2750 - L2768, and L2780 - L2830) will be denied if the base orthoses is not covered.

See below for reimbursement of additions with specific base orthoses.

*Refer to the **orthopedic footwear policy** for information on coverage of shoes and related items that are an integral part of a brace.*

*Refer to the **dynamic splinting policy** for concentric, adjustable torsion style mechanisms used for the treatment of contractures, regardless of any coexisting conditions.*

Charcot Restraint Orthotic Walker (L4631)

The Charcot Restraint Orthotic Walker (CROW) was developed for members with severe deformity of the foot and ankle due to a sensory neuropathic arthropathy — most commonly caused by diabetes. The device is a bivalve copolymer full foot enclosure, totally encapsulated around the ankle and foot, with a rocker bottom sole built into the device. The orthoses is custom fabricated to a positive model made from an impression of the member's affected limb. It is fully lined and uses a custom foot insert. Appropriate modifications are performed to the impression, which permits for equal weight distribution through the limb and provides support of the ankle joint, tibia, and fibula. The CROW boot can be modified to accommodate changes by flaring, adding padding, and trimming where and when appropriate.

If the CROW is used solely to treat edema or ulcers, or to prevent an ulcer of the lower extremity, and there is no diagnosis of Charcot arthropathy, per Medicare directive, suppliers should code with HCPCS code A9283 (foot pressure off loading/supportive device, any type, each). This code was created to describe products used for the treatment of edema, for a lower extremity ulcer, or for the prevention of ulcers. If the CROW is used for these conditions and the patient does not have Charcot arthropathy, then it should be coded A9283.

SEE BILLING GUIDELINES FOR PROPER CODING OF THE CROWBOOT, ARIZONA AFO'S, IDEO™, ExoSym™ and similar braces.

Concentric Torsion Mechanism

Concentric adjustable torsion style mechanisms used to assist ankle joint plantarflexion or dorsiflexion for member's who require ankle plantar or dorsiflexion assist in the absence of any coexisting joint contracture are coded L2999. Precertification is required. The provider is to submit the following: make, model, description of item, manufacturer's invoice, and specific documentation from the member's physician's medical record of member's need for the device.

Concentric adjustable torsion style mechanisms precertified with L2999, and the primary or secondary diagnosis is contracture, the request will be denied as incorrect coding.

Codes E1810 and E1815 are to be used when requesting concentric adjustable torsion style mechanism for treatment of a contracture, regardless of any coexisting condition. Providers are directed to the **dynamic splinting policy,** as indicated above.

Requests for orthotics that contain concentric adjustable torsion style mechanism being used for the treatment of any joint contracture and being coded with L2999 will be denied for incorrect coding.

*Refer to the **knee orthoses policy** in regards to concentric adjustable torsion style mechanisms used to assist knee joint extension for member's who require knee extension assist and do NOT have any coexisting joint contracture.*

NONCOVERAGE STATEMENT

L4396 and L4397 are not covered for fixed contractures.

L4396 and L4397 are not covered for members with foot drop but without an ankle flexion contracture. A component of a static/dynamic AFO that is used to address positioning of the knee or hip will be denied and is not covered because the effectiveness of this type of component is not established.

Foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) is not covered for members who have foot drop, but are nonambulatory, as there are more appropriate treatment modalities.

A static/dynamic AFO (L4396, L4397) and replacement interface (L4392) are not covered when it is used solely for the prevention or treatment of a heel pressure ulcer as it does not meet the definition of a brace. See coverage guidelines for AFO not used with ambulation.

Should a supplier wish to submit a claim for services/items that are included in the allowance for the orthoses code **L9900** (orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code) must be used. Code **L9900** is denied as not separately payable.

Elastic support garments do not meet the statutory definition of a brace because they are not rigid or semi-rigid devices. Devices that are not rigid or semi-rigid must be coded A4467. Code A4467 will be denied as noncovered (no benefit category).

Brace sleeves (A9270) used in conjunction with orthoses are noncovered because they are not used to support a weak or deformed body member, or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).

Socks (L2840, L2850) used in conjunction with orthoses are noncovered, no benefit for all plans except West Virginia Medicaid.

West Virginia Medicaid socks (L2840, L2850) require precertification.

Code L2770 (addition to lower extremity, any material – per bar or joint) is invalid for claim submission.

The Health Plan does not cover a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) when they are used solely for the prevention or treatment of a pressure ulcer for these indications because it does not meet the definition of a brace.

A foot pressure off-loading/supportive device (A9283) is not covered because it does not support a weak or deformed body member, restrict, or eliminate motion in a diseased or injured part of the body.

An inversion/eversion correction device (A9285) is denied as noncovered , because it does not act as a brace; that is, it does not support a weak or deformed body member or restrict or eliminate motion in a diseased or injured part of the body.

The Health Plan is following the above across all lines of business unless otherwise addressed in member's coverage document.

Powered exoskeleton products, such as the Rewalk™(Argo Technologies), and the Indego®(Parker Hannifin Corp.), and other similar items are not covered and should be coded **A9270**.

REPAIR, REPLACEMENT, AND REASONABLE USEFUL LIFETIME

Repair

The precertification for code L4205 must include an explanation of what is being repaired. A precertification for code L4210 must include a description of each item that is repaired or replaced.

All codes for orthoses or repairs of orthoses billed with the same date of service must be submitted on the same claim.

A physician order is not necessary for a repair of an orthoses.

Code L4205 (repair of orthotic device, labor component, per 15 minutes) may only be billed for time involved with the actual repair of an orthoses or for medically necessary adjustments made more than 90 days after delivery. Code L4205 must not be used to bill for time involved with other professional services including, but not limited to:

- Evaluating the patient
- Taking measurements, making a cast, making a model, use of CAD/CAM
- Making modifications to a prefabricated item to fit it to the individual patient
- Follow-up visits
- Making adjustments at the time of or within 90 days after delivery

Repairs to a covered orthoses due to wear or to accidental damage are covered when they are necessary to make the orthoses functional. The reason for the repair must be documented in the supplier's record. If the expense for repairs exceeds the estimated expense of providing another entire orthoses, no payment will be made for the amount in excess.

Replacement

Replacement of a complete orthoses or component of an orthoses due to loss, significant change in the member's condition, or irreparable accidental damage is covered, if the device is still medically necessary. The reason for the replacement must be provided with the precertification or claim submission if no precertification is required.

Replacement components (e.g., soft interfaces) that are provided on a routine basis, without regard to whether the original item is worn out, are not covered.

When using code A9283, there is no separate billing using additional codes. Replacement liners for devices billed with A9283 must be billed with code A9270 (noncovered item or service). (1)

Some replacement items have unique HCPCS codes. For example, replacement soft interfaces used with ankle contracture orthoses or foot drop splints are billed with codes L4392 and L4394, respectively. Replacement components that do not have a unique HCPCS code must be billed with a "not otherwise specified" code (L2999). HCPCS codes L4050 - L4055 do not describe replacement soft interfaces used with contracture orthoses. (1)

Evaluation of the patient, measurement, and/or casting and fitting of the orthoses are included in the allowance for the orthoses. There is no separate payment for these services.

There is no separate billing for labor or materials when an orthotic is replaced, as that is included in the orthotics HCPCS code (“L” code).

The allowance for the labor involved in replacing an orthotic component that is coded with the miscellaneous code L4210 is separately payable, in addition to the allowance for that component.(1)

Addition codes L4002 – L4130 and L4392 are for billing of replacement components and are not payable at initial issue of a base orthoses. When claims for code(s) L4002 - L4130 are billed at the time of initial issue of a base orthoses, the addition code(s) will be denied as incorrect coding. (1)

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	**NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE**
GA	**WAIVER OF LIABILITY STATEMENT ON FILE, STATEMENT ISSUES AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE**
GZ	**ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY**
KX	**REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET**
LT	**LEFT SIDE**
RT	**RIGHT SIDE**

HCPCS CODES

A4467	**GARMENT, BELT, SLEEVE, OR OTHER COVERING,ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH**
A9283	**FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH**
A9285	**INVERSION/EVERSION CORRECTION DEVICE**

L1900	ANKLE FOOT ORTHOSES, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED
L1902	ANKLE ORTHOSES, ANKLE GAUNTLETOR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF
L1904	ANKLE ORTHOSES, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED
L1906	ANKLE FOOT ORTHOSES, MULTI-LIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF
L1907	ANKLE ORTHOSES, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED
L1910	ANKLE FOOT ORTHOSES, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1920	ANKLE FOOT ORTHOSES, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED
L1930	ANKLE FOOT ORTHOSES, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER, OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1940	ANKLE FOOT ORTHOSES, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED
L1945	ANKLE FOOT ORTHOSES, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED
L1950	ANKLE FOOT ORTHOSES, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED
L1951	ANKLE FOOT ORTHOSES, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1960	ANKLE FOOT ORTHOSES, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED
L1970	ANKLE FOOT ORTHOSES, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED
L1971	ANKLE FOOT ORTHOSES, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1980	ANKLE FOOT ORTHOSES, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSES), CUSTOM FABRICATED
L1990	ANKLE FOOT ORTHOSES, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSES), CUSTOM FABRICATED
L2000	KNEE ANKLE FOOT ORTHOSES, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSES), CUSTOM FABRICATED
L2005	KNEE ANKLE FOOT ORTHOSES, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED
L2010	KNEE ANKLE FOOT ORTHOSES, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSES), WITHOUT KNEE JOINT, CUSTOM FABRICATED
L2020	KNEE ANKLE FOOT ORTHOSES, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSES), CUSTOM FABRICATED
L2030	KNEE ANKLE FOOT ORTHOSES, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSES), WITHOUT KNEE JOINT, CUSTOM FABRICATED

L2034	KNEE ANKLE FOOT ORTHOSES, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED
L2035	KNEE ANKLE FOOT ORTHOSES, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2036	KNEE ANKLE FOOT ORTHOSES, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED
L2037	KNEE ANKLE FOOT ORTHOSES, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED
L2038	KNEE ANKLE FOOT ORTHOSES, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED
L2106	ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, TIBIAL FRACTURE CAST ORTHOSES, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED
L2108	ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, TIBIAL FRACTURE CAST ORTHOSES, CUSTOM FABRICATED
L2112	ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, TIBIAL FRACTURE ORTHOSES, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2114	ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, TIBIAL FRACTURE ORTHOSES, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2116	ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, TIBIAL FRACTURE ORTHOSES, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2126	KNEE ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, FEMORAL FRACTURE CAST ORTHOSES, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED
L2128	KNEE ANKLE FOOT ORTHOSES, FRACTURE ORTHOSES, FEMORAL FRACTURE CAST ORTHOSES, CUSTOM FABRICATED
L2132	KAFO, FRACTURE ORTHOSES, FEMORAL FRACTURE CAST ORTHOSES, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2134	KAFO, FRACTURE ORTHOSES, FEMORAL FRACTURE CAST ORTHOSES, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2136	KAFO, FRACTURE ORTHOSES, FEMORAL FRACTURE CAST ORTHOSES, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, PLASTIC SHOE INSERT WITH ANKLE JOINTS
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, DROP LOCK KNEE JOINT
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, LIMITED MOTION KNEE JOINT
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, QUADRILATERAL BRIM
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, WAIST BELT
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSES, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTARFLEXION RESIST), EACH JOINT
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTARFLEXION ASSIST/RESIST, EACH JOINT

L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT
L2232	ADDITION TO LOWER EXTREMITY ORTHOSES, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSES ONLY
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED.
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSES ONLY
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSES ONLY
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, BK SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF-SOLID STIRRUP
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSES, EACH JOINT
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT
L2397	ADDITION TO LOWER EXTREMITY ORTHOSES, SUSPENSION SLEEVE
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ISCHIAL WEIGHT BEARING, RING

L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF
L2750	ADDITION TO LOWER EXTREMITY ORTHOSES, PLATING CHROME OR NICKEL, PER BAR
L2755	ADDITION TO LOWER EXTREMITY ORTHOSES, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSES ONLY
L2760	ADDITION TO LOWER EXTREMITY ORTHOSES, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR
L2780	ADDITION TO LOWER EXTREMITY ORTHOSES, NON-CORROSIVE FINISH, PER BAR
L2785	ADDITION TO LOWER EXTREMITY ORTHOSES, DROP LOCK RETAINER, EACH
L2795	ADDITION TO LOWER EXTREMITY ORTHOSES, KNEE CONTROL, FULL KNEECAP
L2800	ADDITION TO LOWER EXTREMITY ORTHOSES, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSES ONLY
L2810	ADDITION TO LOWER EXTREMITY ORTHOSES, KNEE CONTROL, CONDYLAR PAD
L2820	ADDITION TO LOWER EXTREMITY ORTHOSES, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION
L2830	ADDITION TO LOWER EXTREMITY ORTHOSES, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION
L2840	ADDITION TO LOWER EXTREMITY ORTHOSES, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH
L2850	ADDITION TO LOWER EXTREMITY ORTHOSES, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH
L2861	ADDITION TO LOWER EXTREMITY JOINT,KNEE OR ANKLE,CONCENTRIC ADJUSTABLE TORSION STYLEMECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY,EA. NONCOVERED FOR ALL LINES OF BUSINESS
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
L4002	REPLACEMENT STRAP, ANY ORTHOSES, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE
L4010	REPLACE TRILATERAL SOCKET BRIM
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSES ONLY
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSES ONLY
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSES ONLY
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSES ONLY
L4060	REPLACE HIGH ROLL CUFF

L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH
L4130	REPLACE PRETIBIAL SHELL
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES
L4130	REPLACE PRETIBIAL SHELL
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS
L4350	ANKLE CONTROL ORTHOSES, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSES, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSES, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF
L4631	ANKLE FOOT ORTHOSES, WALKING BOOT TYPE,VARUS/VALGUS CORRECTION,ROCKER BOTTOM,ANTERIOR TIBIAL SHELL,SOFT INTERFACE,CUSTOM ARCH SUPPORT,PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES,CUSTOM FABRICATED

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the coverage guidelines and documentation required sections for coverage criteria.

HCPCS CODES L4392, L4396, L4397

M24.571	**Contracture, right ankle**
M24.572	**Contracture, left ankle**
M24.573	**Contracture, unspecified ankle**
M24.574	**Contracture, right foot**
M24.575	**Contracture, left foot**
M24.576	**Contracture, unspecified foot**
M72.2	**Plantar fascial fibromatosis**

HCPCS CODES L4631

ICD-10 Code	Description
A52.16	**Charcot's arthropathy (tabetic)**
M14.671	**Charcot's joint, right ankle and foot**
M14.672	**Charcot's joint, left ankle and foot**
M14.679	**Charcot's joint, unspecified ankle and foot**

Diagnoses and ICD-10 codes that either support or do not support medical necessity are indicated above.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member’s name
    b. Date of order and date of face-to-face
    c. Order must include any specific feature of the base code and every addition requested. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
    d. Order must include diagnosis code, as some AFO are diagnosis driven. For example, the static AFO (L4396) or replacement interface (L4392)
    e. Physician signature with date. Date stamps are not appropriate

2. For custom fitted and custom fabricated orthoses, there must be documentation in the supplier's records to support the medical necessity of that type of device rather than a prefabricated, off-the -shelf orthoses. This information but must be available upon request

usually with precertification per Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

4. If templates or forms are submitted, (e.g., a Medicare Certificate of Medical Necessity, and /or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

   Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

When billing for quantities of supplies greater than those described in the policy as the usual maximum amounts, there must be documentation in the patient's medical record supporting the medical necessity for the higher utilization. This information must be presented with precertification. Quantities of supplies greater than those described in the policy as the usual maximum amounts, in the absence of documentation clearly explaining the medical necessity of the excess quantities, will be denied as not reasonable and necessary.

ORTHOSES PROVIDED WHILE MEMBER IN PART A FACILITY

Reimbursement for orthotics provided to a member while the member is covered in a Part A facility is based on specific contract information with the individual facility and whether or not the device is intended for use while the member is in the facility.

Payment for the orthoses is included in the payment to a hospital if:

1. The orthoses is provided to a patient during an inpatient hospital stay prior to the day of discharge; and
2. The patient uses the orthoses is for medically necessary inpatient treatment or rehabilitation.

A separate claim must not be submitted in this situation.

Reimbursement for an orthoses provided while a member is in a skilled nursing facility (SNF), receiving Part A services, will be reimbursed according to individual facility contracts.

REASONABLE USEFUL LIFETIME

Providers are reminded that The Health Plan follows Medicare's guidelines on reasonable, useful lifetime and same/similar items.

BILLING GUIDELINES

West Virginia Medicaid does not recognize the differentiation between prefabricated, off-the-shelf and prefabricated requiring custom fit. *See **The Health Plan DME POS Authorization and Compensation Guide** for covered codes.*

The precertification for code L2999 must include the description of the item (for custom fabricated items), or the manufacturer name and model name/number (for prefabricated items). For replacement components billed with code L2999, there must also be a HCPCS code or the manufacturer name and model name/number of the base orthoses.

A **CROW** Boot is billed using the following codes: L4631

Code L4631 describes a CROW orthoses. Code L4631 is a custom fabricated ankle-foot orthoses that has all of the following characteristics:

1. Designed to maintain the foot at a fixed position of 0° (i.e., perpendicular to the lower leg); **and**
2. Allows for varus or valgus deformity correction; **and**
3. Contains a rocker bottom sole with a custom arch support; **and**
4. Incorporates a rigid anterior tibial shell; **and**
5. Used by a member who is ambulatory; **and**
6. Has a soft interface.

Code L4631 includes all additions including straps and closures. No additional codes may be billed with code L4631.

Certain products may have both covered and noncovered uses, as defined by the braces benefit category, and must be coded based on patient's condition. For example, walking boots are coded L4360 and L4386 when they are used as a brace for the treatment of orthopedic conditions. However, walking boots must be coded A9283 when used solely for the prevention or treatment of a lower extremity ulcer or pressure reduction.

Ankle-Foot Orthoses – Arizona Type - Correct Coding - Revised 2012

Arizona AFO is a company that manufactures a line of custom fabricated ankle-foot orthoses. Other companies manufacture similar products. The PDAC contractor has recently reviewed the Arizona AFO line of products and determined the appropriate HCPCS codes to be used when billing for these and similar items.

For the Arizona Short, Arizona Tall, Arizona Unweighting, and similar custom fabricated braces, only the following codes should be used:

L1940	**ANKLE FOOT ORTHOSES, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED**
L2330	**ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSES ONLY**
L2820	**ADDITION TO LOWER EXTREMITY ORTHOSES, SOFT INTERFACE FOR MOLDED PLASTIC BELOW KNEE SECTION**
L2330	**USED WHETHER THE CLOSURE IS A LACER CLOSURE OR A VELCRO CLOSURE**
L2820	**USED ONLY IF A SOFT INTERFACE, EITHER LEATHER OR OTHER MATERIAL, IS PROVIDED**

The following codes must not be used for these braces:

L1960	**ANKLE FOOT ORTHOSES, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED**
L2275	**ADDITION TO LOWER EXTREMITY, VARUS / VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED / LINED**
L2280	**ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT**

For the Arizona Partial Foot Model or similar orthoses, use codes L1940, L2330, L2820, and L5000 (partial foot, shoe insert with longitudinal arch, toe filler).

To view PDAC assigned coding for the articulating AFO and other models please click on links below.

dmepdac.com/resources/articles/2008/12_04_08.html

arizonaafo.com/default/assets/File/Arizona%20AFO%20Products%20PDAC%20Codes%2012.28.pdf

Questions concerning the coding of other orthoses should be referred to the PDAC contractor.

The Correct Combination of HCPCS Codes for Billing IDEO™, ExoSym™ and Similar Braces are:

L1945	**ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED**
L2755	**ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY**

Only HCPCS codes L1945 and L2755, in combination, may be used to bill for this type of brace. Use of the Not Otherwise Classified (NOC) HCPCS code L2999 is incorrect coding.

Neuro Swing (NSW) System: Existing joint base code L2220 “Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint” captures all components and features of the joint, including adjustable alignment (shank ankle feature); any fitting and set-up tools (online configurator); and features for Regulation of Plantar/Dorsiflexion Assistance/Resistance" (disc springs). Separate codes for any of these items would be redundant and duplicative. Existing code L9900 “Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS ‘L’ code” may be used to identify the separate components.

Questions concerning the coding of other orthoses should be referred to the PDAC contractor.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items.

https://**www.dmepdac.com**

MEDICARE DEFINITIONS AND DESCRIPTION

Ankle flexion contracture is a condition in which there is shortening of the muscles and/or tendons that plantarflex the ankle with the resulting inability to bring the ankle to 0° by passive range of motion. (0° ankle position is when the foot is perpendicular to the lower leg). (1)

Foot drop is a condition in which there is weakness and/or lack of use of the muscles that dorsiflex the ankle but there is the ability to bring the ankle to 0° by passive range of motion.(1)

Plantar fasciitis is an inflammation of the heel of the foot typically resulting from trauma to the deep tissue of the foot (i.e., plantar fascia). (1)

A **prefabricated orthoses** is one that is manufactured in quantity without a specific patient in mind. A prefabricated orthoses may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). An orthoses that is assembled from prefabricated components is considered prefabricated. Any orthoses that does not meet the definition of a custom fabricated orthoses is considered prefabricated. Medicare has differentiated between prefabricated items that are off-the-shelf and custom fitted. West Virginia Medicaid does not recognize these new codes.

A **custom fabricated orthoses** is one that is individually made for a specific patient starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. It involves substantial work such as cutting, bending, molding, sewing, etc. It may involve the incorporation of some prefabricated components. It involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

Off The Shelf(OTS): Always prefabricated. May or may not come in a kit. Requires minimal self adjustment. Does not require the fitting by a licensed orthoptist or individual with equivalent training

Custom fitted versus off-the-shelf: There is no physical difference between these items. The determining factor for proper coding is the need for adjustment at the time of fitting. If the item does not require the adjustment by a licensed orthotist or specialized individual, the off-the-shelf code is used. If it requires some adjustment by a licensed or specialized individual, the custom fitted code is used. **REMINDER: custom fitted does not mean custom fabricated !!**

Code L1906 describes a multiligamentous ankle support that provides control of the ankle joint between the medial and lateral malleoli while allowing for dorsiflexion and plantarflexion by way of a hinge or joint mechanism. This off-the-shelf ankle support includes a rigid stirrup and footplate that provides functional tracking of the ankle with hind-foot and mid-foot stability during ambulation. This, in conjunction with wraparound straps and the inherent gauntlet design, offers areas of multiligamentous support as described by the code. There are no additional HCPCS codes for this type of prefabricated ankle orthoses. The only products that may be billed using code L1906 are those that are found on the PDAC website. (1)

Code L1960 describes an AFO that provides ankle control for beneficiaries with musculoskeletal or neuromuscular dysfunction. The AFO is designed to provide rigid immobilization of the ankle-foot complex in the sagittal, coronal, and transverse planes. The custom fabricated solid ankle AFO can be constructed from thermosetting materials, thermoplastics, or composite type materials. (1)

Code L2340 is a pretibial shell, custom fabricated, providing a rigid overlapping interlocking anterior tibial control between the tibial tuberosity to a point no greater than three inches proximal to the medial malleolus. The pretibial shell can be constructed from thermosetting materials, thermoplastics, or composite type materials. (1)

Code L2755 describes an addition to a lower extremity orthoses composed of high strength and/or lightweight material such as kevlar, carbon fiber, or other laminated or impregnated composite material. (1)

A nonambulatory ankle-foot orthoses may be either an ankle contracture splint, night splint, or a foot drop splint. (1)

A static or dynamic AFO (L4396, L4397) is a prefabricated ankle-foot orthoses, which has all of the following characteristics:

1. Designed to accommodate either plantar fasciitis or an ankle with a plantarflexion contracture up to 45°; and
2. Applies a dorsiflexion force to the ankle; and
3. Used by a patient who is minimally ambulatory, or nonambulatory; and
4. Has a soft interface.(1)

A foot drop splint/recumbent positioning device (L4398) is a prefabricated ankle-foot orthoses, which has all of the following characteristics:

1. Designed to maintain the foot at a fixed position of 0° (i.e., perpendicular to the lower leg); and

2. Not designed to accommodate an ankle with a plantarflexion contracture; and
3. Used by a patient who is nonambulatory; and
4. Has a soft interface.(1)

Code A9283 (foot pressure off-loading/supportive device) is used for an item that is designed primarily to reduce pressure on the sole or heel of the foot. It may be a shoe-like item, an item that is used inside a shoe, and may or may not extend outside the shoe, or an item that is attached to a shoe. It may be prefabricated or custom fabricated. Code A9283 does not include items that meet the definition of therapeutic shoe for diabetes (A5500, A5501).

When using code A9283, there is no separate billing using addition codes. Replacement liners for devices billed with A9283 must be billed with code A9270 (noncovered item or service).

Code A9285 (INVERSION/EVERSION CORRECTION DEVICE) is designed to provide off-loading pressure to the knee for the treatment of knee osteoarthritis. The device is applied at the foot and extends across the ankle to apply pressure to the side of the leg below the knee. It does not provide any support at the ankle.

The right (RT) and left (LT) modifiers must be used with orthoses base codes, additions, and replacement parts. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using the RT LT modifiers and two units of service.

AMA CPT/ADA CDT COPYRIGHT STATEMENT

INTERNET LINKS AND SOURCES

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SKPJt4Np_-znf5cmaBx2MZq31B7PdmPla_0zAwSGeyk23cj3wEff0zs-h1LK9cBDjZckrS3QlauK3G2qx89HVd-Bo-tSZ9aM8XiwnlUafVwYRcPMK99GAdhFwOMjOd233UMXxfU1a8KnvVg-HWH4xvucBAMf0z6pgL-xwWv3_G_-MuUPvNJnHp_JrctJoWpFMJkBllfICsTfmr3v8brolgGrWaCom1PoX119RsAM33A/dl5/d5/L2dBISEvZ0FBIS9nQSEh/

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